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IMPORTANT NOTICE
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TO: U.S. Patent and Trademark Office
Examiner: Suryaprabha Chunduru
Art Unit: 1637

DATE: October 26, 2006

FROM: Y. Jenny Luo, Ph.D.

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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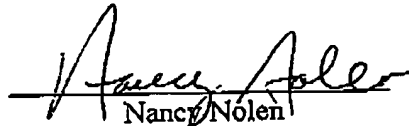
RE: U.S. Patent Application Serial No.: 10/809,965 Our Ref. 89212.0016

I hereby certify that the following documents:

- Amendment
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are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

October 26, 2006
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Nancy Nolen

TELECOPY/FAX NUMBER: (571) 273-8300 - Art Unit 1637

CLIENT NUMBER: 89212.0016

ATTORNEY BILLING NUMBER: 6164

CONFIRMATION NUMBER: (please return fax to Nancy Nolen)

FORM PTO-1083

Attorney Docket No. 89212.0016
Patent Application No. 10/809,965

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Dave S.B. Hoon et al.

Serial No: 10/809,965

Filed: March 25, 2004

For: DNA MARKERS FOR MANAGEMENT OF CANCER

Art Unit: 1637

Examiner: Suryaprabha Chundurur

I hereby certify that this correspondence is
being transmitted via facsimile to:
(571) 273-8300:Mail Stop Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450, on
October 26, 2006

Date of Deposit

Nancy Nolen

Signature *Nancy Nolen* 10/30/06
DateMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	25	-	31	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	8	-	14	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$ 0
Independent Claims \$						\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

~ If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: *[Signature]*Y. Jenny Luo, Ph.D.
Registration No. 54,284
Patent Agent for Applicant(s)

Date: October 26 2006

1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Telephone: 310/785-4600
Facsimile: 310/785-4601

FORM PTO-1083

Attorney Docket No. 89212.0016
Patent Application No. 10/809,965

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Nancy Nolen

Name

Signature *Nancy Nolen* 10/30/06
DateMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	25	-	31	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	8	-	14	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
Independent Claims	5				TOTAL	\$ 0

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☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: October 26 2006

1999 Avenue of the Stars, Suite 1400
Los Angeles, California 90067
Telephone: 310/785-4600
Facsimile: 310/785-4601By: *[Signature]*Y. Jenny Luo, Ph.D.
Registration No. 54,284
Patent Agent for Applicant(s)

Application Serial No. 10/809,965

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In re application of:

Art Unit: 163 7

Dave S.B. HOON and Bret TABACK

Examiner: Suryaprabha Chunduru

Serial No: 10/809,965

Filed: March 25, 2004

For: DNA MARKERS FOR
MANAGEMENT OF CANCERI hereby certify that this correspondence is
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P.O. Box 1450
Alexandria, VA 22313-1450, on
October 26, 2006Date of Deposit
Nancy NolenName
Nancy Nolen 10/26/06
Signature Date**AMENDMENT AND RESPONSE TO
RESTRICTION REQUIREMENT**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated September 26, 2006 ("Restriction Requirement"), please amend the above-referenced application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

Also, Applicants hereby elect Group I (claims 1-25) for prosecution on the merits in the subject application.